

Summary of Benefits Report for Alabama, Medicaid

InsureKidsNow.gov

Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	2 x year	
Fluoride treatments (including fluoride varnishes)	Yes	2 x year	0-18, PROVISION BY HYGEINEST MUST BE UNDER SUPERVISION OF DENTIST
Sealants (list any tooth-specific limits)	Yes	1 x lifetime	AGE 5 TO 13 - COVERED ONLY FOR TEETH (02, 03, 14, 15, 18, 19, 30, 31) LIMIT ONE PER TOOTH PER LIFETIME
Space maintainers	Yes	1 x lifetime	

Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes	1 x year		
Dental examinations	Yes	2 x year		1
Assessment of risk for tooth decay	Yes	2 x year		

X-Rays

Bitewing	Yes	1 x year		
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes	1 x every 3 years		

Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	No			
Fillings				
Silver amalgam	Yes			
Tooth colored composite	Yes			
Crowns/tooth caps				
Stainless steel crowns	Yes			
Metal (only) crowns	Yes			
Metal/porcelain crowns	Yes			
Porcelain (only) crowns	Yes		D2740 ONLY	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			
Gum (periodontal) therapy	Yes		ONLY COVER D4341 AND D4910 POCKET DEPTHS GREATER THAN 4MM	
Dentures				

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Partial dentures	Yes - only with prior authorization		Prosthesis for closure of a space created by the removal of a lesion or due to congenital defects (permanent tooth congenitally missing)	
Complete dentures	Yes - only with prior authorization		Prosthesis for closure of a space created by the removal of a lesion or due to congenital defects (permanent tooth congenitally missing)	
Bridges	Yes - only with prior authorization		Prosthesis for closure of a space created by the removal of a lesion or due to congenital defects (permanent tooth congenitally missing)	
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization		Orthodontics coverage with CRS evaluation. List of criteria on page 8 of Chapter 13 in the Medicaid Provider Manual	
Braces	Yes - only with prior authorization		Orthodontics coverage with CRS evaluation. List of criteria on page 8 of Chapter 13 in the Medicaid Provider Manual	
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes - only with prior authorization			
Cancer treatment	No			
Treatment of fractures	Yes			
Biopsies	Yes			
Treatment of jaw joint problems (TMJ)	Yes - only with prior authorization			
Emergency room services provided by a dentist	Yes - only with prior authorization		Treatment of natural teeth	Accidental injury; Illness
Inpatient Hospital Services	Yes - only with prior authorization			
Anesthesia				
General anesthesia	Yes			
Intravenous conscious sedation	Yes			

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Non-intravenous conscious sedation	No			
Analgesia (nitrous oxide)	Yes			Documentation of medical necessity

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).